



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

OUTSIDE STATE TEACHING SERVICE

DIRECTIONS:

1. Complete Member Section A.
2. Forward to the Outside State Employer for completion of Section B.
3. Forward to the Outside State Teachers' Retirement System for completion of Section C.
4. Return the original completed form to CTRB, 21 Grand Street, Hartford, CT 06106-1500.

PLEASE PRINT OR TYPE

SECTION A (TO BE COMPLETED BY THE MEMBER)

Member Name _____ SSN _____

Home Mailing Address _____

Outside State Employer _____ Start date _____ Termination date _____

Member Signature _____ Date _____

SECTION B (TO BE COMPLETED BY OUTSIDE STATE EMPLOYER WHERE SERVICE WAS RENDERED)

Please furnish employment information on a school year basis. Use one line for each school year. Do NOT include Leave of Absence, Substitute Teaching, Summer School or Evening Teaching Service inasmuch as these service types are not considered for purchase.

Name of Outside State Employing School System, College, University or Agency	Dates of Employment School Year		Length of School Year (ie: August to May or September to June etc.)	Full Time	Part Time	If Part Time Enter FTE %
	From (Month/Day/Year)	To (Month/Day/Year)				

1. Enter the member's position/assignment for the above employment (teacher, principal, etc.) _____

2. Did the position require a teaching certificate or license? YES ☐ NO ☐

3. Was the position covered by a Teachers' Retirement System or Statewide Employer's Retirement System? YES ☐ NO ☐

4. If you answered NO to questions 2 or 3, please provide an explanation: _____

I certify that the above information was extracted from official payroll records and/or substantiating documents.

Name of attesting official _____ Title _____

Address _____

Signature _____ Date _____ Telephone number _____

FORWARD THIS FORM TO THE STATE TEACHERS' RETIREMENT SYSTEM THAT COVERED THE ABOVE EMPLOYMENT FOR COMPLETION OF SECTION C ON PAGE 2.

OUTSIDE STATE TEACHING SERVICE

(CONTINUED)

Member Name _____ SSN _____

SECTION C (TO BE COMPLETED BY OUTSIDE STATE TEACHERS' RETIREMENT SYSTEM)

The person named in Section A of this form is a member of the Connecticut Teachers' Retirement System who wishes to document credit for outside state service. Please complete the questionnaire below so that this office may determine the member's eligibility to purchase outside state service credit in this system.

Connecticut law does not permit the purchase of outside state service by members currently receiving or entitled to receive in the future a retirement benefit based on this service. If the member returns to your state and files for benefits based on the listed service, we request that you notify this agency. Thank you for your assistance.

1. Was this person a member of your Retirement System? YES ☐ NO ☐
2. Do the dates of employment listed in Section B of this form agree with your records? YES ☐ NO ☐

If NO, please indicate the dates of employment for this employer in your records.

3. Enter the total years and months of service credited to this member in your system. _____
4. Is the member currently receiving or entitled to receive in the future a retirement benefit based on this service? YES ☐ NO ☐
5. Has the member purchased additional service credit (i.e. military, outside state etc.) in your system? YES ☐ NO ☐

If YES, please indicate the type and total number of months of additional service credit.

6. Has the member's contributions and/or interest been withdrawn in full? YES ☐ NO ☐

COMMENTS:

I certify that the above information was extracted from official records and/or substantiating documents.

PLEASE PRINT OR TYPE

Name of attesting official _____ Title _____

Signature _____ Date _____ Telephone number _____

Retirement System Name _____ FAX _____

Address _____

FORWARD THIS COMPLETED FORM TO: STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET
HARTFORD, CT 06106-1500

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